

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 10/716652 FILING DATE _____
APPLICANT(S) _____

2104/17 CLAIMS

	AS FILED		AFTER 1ST DEPENDENT		AFTER 2ND DEPENDENT	
	NO	DEP	NO	DEP	NO	DEP
1						
2						
3						
4						
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TOTAL NO.	1		1		1	
TOTAL DEP.	51		6		28	
TOTAL CLAIMS	60		7		29	

	NO		DEP		NO		DEP	
	NO	DEP	NO	DEP	NO	DEP	NO	DEP
51								
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TOTAL DEP.								
TOTAL CLAIMS								